

DIETARY ALLERGIES

In an effort to better serve you, we ask that you complete this form if you have any special dietary needs or food allergies. Email the form to SkymontSR@gmail.com at least 2 weeks prior to arriving at camp. Please put "Skymont Special Diet" in the subject line.

Name _____ Phone # _____

Troop Number _____ Council _____

Week of Camp:	1	2	3	4	5	6
	6/2 - 6/8	6/9 - 6/15	6/16 - 6/22	6/23 - 6/29	6/30 - 7/6	7/7 - 7/13

Campsite _____

Allergies or foods you can not eat:
